| _,   | PATENT APPLICATION FEE DETERMINATION RECO       |   |                                   |                                       |                        |                                    |             |   | Application or Docket Number                     |                     |               |  |  |  |
|--|---|---|-----------------------------------|---------------------------------------|------------------------|------------------------------------|-------------|---|--|---------------------|---------------|--|--|--|
|  | PATEN   | 10084356                                  |                                   |                                       |                        |                                    |             |   |  |                     |               |  |  |  |
| Effective October 1, 2004  O CLAIMS AS FILED - PART I  |   |   |                                   |                                       |                        |                                    |             |   | 100  | 0                   | 700           | (W)  |  |  |
| 1  | CE  | . SA                                      | AALL E                            | NTITY                                 |                        | OTHER                              | RTHAN       |   |  |                     |               |  |  |  |
| '_ا  | <del></del>                                     |   | (Colun                            | (Column 1) (Column                    |                        |                                    |             | TYPE                                      |  |                     |               | ENTITY   |  |  |
| Ľ  | OTAL CLAIM                                      |   | _                                 |                                       |                        |                                    | Γ           | RATE                                      | FEE  | 7                   | RATE          | FEE  |  |  |
| F  | OR  | ······                                    | NUMBE                             | NUMBER FILED                          |                        | NUMBER EXTRA                       |             | BASIC FEE 395.0                           |  | OR                  | BASIC FEE     | 790.00   |  |  |
| T  | OTAL CHARGE                                     | EABLE CLAIMS                              | 10 m                              | /0 minus 20=                          |                        | •                                  |             | XS 9=                                     | ·  | OR                  | X\$18=        |  |  |  |
| IN   | DEPENDENT                                       | CLAIMS                                    | _2 n                              | 2 minus 3 =                           |                        |                                    |             | X44 =                                     | <del> </del>                                     | 1                   | X <b>83</b> = |  |  |  |
| М  | JLTIPLE DEPE                                    | ENDENT CLAIM                              | PRESENT                           |                                       |                        |                                    |             |   |  | OR                  |               |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                                   |                                       |                        |                                    |             | 145=                                      | <u> </u>   | OR                  | . +290=       | <u> </u>   |  |  |
|  |   | T   | OTAL                              | L.,                                   | OR.                    | TOTAL.                             | 790         |   |  |                     |               |  |  |  |
| 3  | 30/15   | CLAIMS AS (Column 1)                      | •                                 | J - PARȚII<br>(Column 2) — (Column 3) |                        |                                    |             | ENTITY                                    | OR   | OTHER<br>SMALL!     |               |  |  |  |
| 4  |   | CLAIMS REMAINING AFTER AMENDMENT          | 1                                 | : ब्रह्म स्                           | इन                     |                                    | <u> </u>    |   | ADDI<br>TIONAL<br>FEE                            | $\int_{0}^{\infty}$ | RATE          | ADDI   |  |  |
|  | ·   |   |                                   | PIREVIO<br>PAID F                     | USLY                   | EXTRA                              | · Ł         |   |  |                     |               | TIONAL   |  |  |
| AMENDMENT  | Total   | 1. //                                     | Minus                             | " Z                                   | 0                      | - 8                                | \rac{1}{2}  | (S 9=                                     | / /  | OR                  | X\$18=        | · .FEE   |  |  |
| ME   | Independent                                     | 1.3                                       | Minus                             | ··· 3                                 |                        | = 8                                | $\vdash$    | (44 =                                     |  |                     | <b>×68</b> =  | <del>                                     </del> |  |  |
| <u>,                                     </u>  | FIRST PRES                                      | ENTATION OF M                             | Ó                                 | <u> </u>                              | .,17                   | -/-                                | OR          |   | <del>                                     </del> |                     |               |  |  |  |
|  |   |   |                                   | -                                     | 145= -                 |                                    | OR          | +290=                                     |  |                     |               |  |  |  |
|  |   | ADD                                       | TOTAL                             | /                                     | OR-                    | TOTAL<br>VODIT FEET                | /           |   |  |                     |               |  |  |  |
| 1  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |   |                                   |                                       |                        |                                    |             |   | <u>,                                     </u>    | _                   |               |  |  |  |
| 0  |   | REMAINING<br>AFTER                        |                                   | NUMB                                  | ER                     | PRESENT                            |             | ATE                                       | ADDI-<br>TIONAL                                  |                     | DATE          | ADDI-  |  |  |
| N L  | · · · · · ·                                     | AMENDMENT                                 |                                   | PREVIOU<br>PAID F                     |                        | EXTRA                              |             | m IE                                      | FEE  |                     | RATE          | TIONAL<br>FEE                                    |  |  |
| AMENDINIEN !   | Total   |   | Maos                              | ••                                    | · ·                    | -                                  | ×           | \$9                                       |  | OR                  | X\$18=        |  |  |  |
|  | Independent                                     | NTATION OF MI                             | Minus                             | ENDENT (                              |                        | -                                  | ×           | 44=                                       |  | OR                  | X <b>88</b> ≞ |  |  |  |
|  | INGI FRESE                                      |   |                                   | -c.anent (                            | LAIM                   |                                    | 1.          | 145=                                      |  | OR                  | +290=         |  |  |  |
|  |   | L   | TOTAL                             |                                       | Ļ                      |                                    |             |   |  |                     |               |  |  |  |
|  |   |   | ir res <b>t</b>                   | J                                     | UH.,                   | וסואנן<br>פאר דוסטי.               | <del></del> |   |  |                     |               |  |  |  |
| Т  | · ·   | (Column 1)<br>CLAIMS                      | I .                               | (Columi                               |                        | (Column 3)                         |             | ·<br>———————————————————————————————————— |  | _                   | · · · · · ·   |  |  |  |
| >  |   | REMAINING<br>AFTER                        |                                   | NUMBE<br>PREVIOU                      | ,e                     | PRESENT                            |             | ATE                                       | AUDI-<br>TIONAL                                  | ĺ                   | RATE          | ADDI-<br>TIONAL                                  |  |  |
| -  | ·   | AMENDMENT                                 |                                   | PAID FO                               |                        | EXTRA                              |             |   | FEE  | L                   | 11012         | FEE  |  |  |
|  | Total   |   | Minus                             | R#                                    |                        | E                                  | X           | 9=  |  | OR                  | X\$18=        | ·· .   |  |  |
| Ľ  | ndependeni                                      | •   | Minus                             | ***                                   |                        | ε .                                | Xı          | 14=                                       |  |                     | ×68=          |  |  |  |
| 1  | IRST PRESE                                      | NTATION OF MU                             | ILTIPLE DEP                       | F                                     | ·1=                    |                                    | OR          |   | ·  |                     |               |  |  |  |
|  |   | 4.* *<br>4.5 # - * - **                   |                                   |                                       |                        |                                    | +1          | 45= '.                                    |  | OR                  | +290=         |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE |   |   |                                   |                                       |                        |                                    |             |   |  |                     |               |  |  |  |
| HI•<br>Th:   | he "Highest Nun<br>e "Highest Numl              | nber Previously Pa<br>der Previously Paid | id For" IN THIS<br>For" (Total or | SPACE is le<br>Independent            | ess Ihan<br>I is the f | 3, enter "3."<br>highest number fo |             |   | opriate box                                      |                     |               |  |  |  |
|  |   |   |                                   |                                       |                        |                                    |             |   |  |                     |               |  |  |  |